

Washington Metropolitan Area Transit Commission

2011 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

206 Paramed Medical Transportation, Inc., t/a PARA-MED

*WMATC No. *Name of Carrier (as shown on certificate of authority)

10017 Locust Drive, Damascus, MD 20872-1717

*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(301) 253-0030 240-743-6574 (301) 253-5806 JOMID@PARAMEDUSA.COM

*Telephone Number Other Telephone Fax Number E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Jafar Omidvar President

*Name *Title

(240) 793-6574 301-253-0030 (301) 253-5806 tsafai@paramedusa.com

*Telephone Number Other Telephone Fax Number E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete section 3 only if the street address in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process

Street Address

Telephone Number Other Telephone Fax Number E-mail

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (If applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity

6. ***CERTIFICATION:**

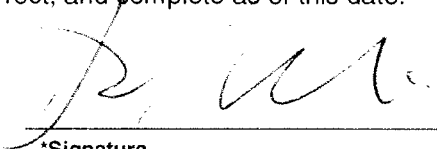
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Jafar Omidvar

*Name (Type or Print)

President

*Title


*Signature

1/18/11

*Date

2011 Annual Report: Revenue Vehicle List

Name: Paramed Medical Transportation, Inc.

Trade Name: PARA-MED

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

☒ Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
2	2005	Freightliner	WDYPD744X55828046	56S016	MD	8
3	2005	Freightliner	WD2PD644855761306	39046B	MD	7
4	2006	Freightliner	WDYPD644065952242	90M071	MD	8
5	2003	Freightliner	WD2YD641X35432775	34487B	MD	7
6	2004	Freightliner	WD2PD643215604487	96P790	MD	7
7	2008	Freightliner	WDYPE745185233564	59V179	MD	8
8	2004	Dodge	WD2PD644445646135	39044B	MD	7
9	2005	Dodge	WD0PD644955781184	39045B	MD	7
10	2004	Freightliner	WD2PD643045583378	15P311	MD	7
11	2008	Freightliner	WDYPE745585317015	61W837	MD	7
12	2008	Freightliner	WD0PE845585336379	16X347	MD	8
14	2005	Freightliner	WD0PD644155780014	46100B	MD	7
16	2004	Freightliner	WD2PD643X45583338	45P495	MD	7
17	2004	Freightliner	WD2PD644045643880	64P752	MD	7
20	2005	Dodge	1D4GP24R35B157339	39049B	MD	7
22	2004	Dodge	1D4GP24R94B531001	39048B	MD	7
51	2002	Freightliner	WD2YD441X25272349	06517C	MD	7